

Mental Illness & Tobacco Use: Why Do I Smoke and What Will *Really* Help Me Quit?

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*Many slides adapted from:
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Big Agenda!

- Why do so many people with MI smoke?
- What makes it so hard to quit?
- How to help people with MI quit
 - How to afford medications

Morbidity and Mortality in People with Serious Mental Illness

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Tobacco #1 Killer of People with Mental Illness

- In the U.S., people with serious mental illness die 25 years earlier than the general population
 - Deaths are caused by smoking, obesity, and chronic diseases
 - NOT suicide

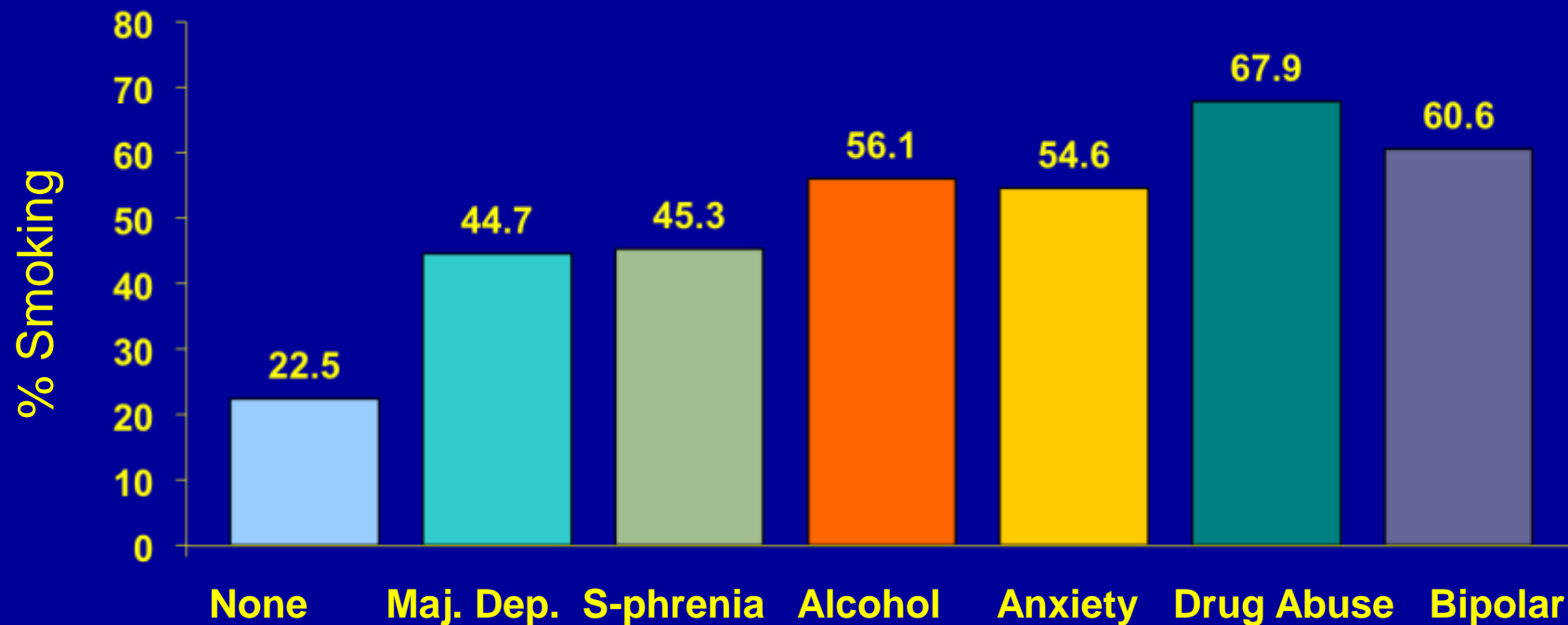
Manderscheid & Colton, 2006

**People with mental illness
consume 44% of cigarettes
smoked in U.S.**



Lasser et al., 2000

Smoking by Diagnosis



Lasser et al., 2000

5 Extra Years (Nike)

https://www.youtube.com/watch?v=_3D7xFrZ8ml

What Makes it So Hard to
Quit?

WHY DON'T PEOPLE JUST QUIT?

IT'S HARD TO QUIT

- Many people try many times
- But most try “cold turkey”—without treatment

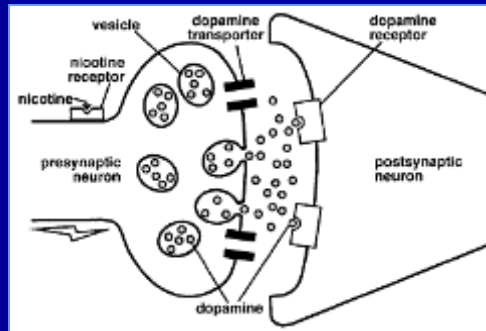
What Makes Any Drug Addictive?

How the drug makes you feel...

- It activates reward pathways in your brain – you feel GOOD
- Direct effects make you want to use it >>>occasionally

How you feel when you *can't* use it...

- Craving, depression, and irritability make you feel BAD
- Withdrawal makes you have to use it >>>regularly



<http://science.education.nih.gov/supplements/nih2/addiction/guide/lesson3-1.htm>

What Makes Any Drug Addictive?

HOW MUCH YOU GET HOW FAST

How your body handles the drug

- Bioavailability: amount of drug that reaches brain
- How quickly it is cleared from body
- Peaks and dips in blood levels set up an ideal “learning” cycle

Chronic use creates long-term brain changes

What Makes it So Hard to Stop?

Cigarettes-amazing drug delivery system

- Heroin/injected drugs = vein, heart, lungs, heart, brain
- Nicotine via cigarettes = lungs, heart, brain (7 sec)
- Ph-altered (freebased) to be absorbed deep in lungs

**Alveolar epithelium of
lungs has surface area the
size of a tennis court**



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Adapted from presentations by Ray Niaura, John Slade

Each puff delivers a large amount of nicotine to the brain

Smokers take 12-15 puffs per cigarette

$$12 \times 20 \text{ cigs/day} \times 365 \text{ day/year} \\ = \underline{87,000} \text{ puffs/year}$$

people smoke for 20, 30, 40 years...

WHY didn't John stop the first time he tried?

Better to ask, how can *anyone* stop?

What are the consequences?

A third of long term smokers will die from tobacco-related diseases

Heart diseases, cancers, lung diseases

What happens when smokers quit?

They gain, on average, 6 years of life

6

Tobacco Dependence is a chronic,
relapsing condition that requires
longitudinal, dynamic care

Mental Health Benefits From Treating Tobacco Dependence

- It helps people live longer and better
- Can help people stop using other substances
- Saves money
- Increases self-confidence
- Reduces feelings of stigma
- Increasing focus on mental health and wellness

“I’ve been schizophrenic since I was 14. I was told more or less when I went to the hospitals that cigarettes help control certain areas in my brain and the way we function out in society. I became more of a smoker because I was told it would help me with my illness. I was taught more about it helping my illness than I was about cancer and stuff like that.”

- Consumer focus group participant

Studies have found...

- Multiple studies have found that behavioral health patients are interested in quitting and will enroll in tobacco treatment (Prochaska et.al., 2004; (Prochaska et al., 2009; Joseph et.al., 2004)
- Tobacco treatment is effective among people with SA/MH problems (el-Guebaly et al., 2002 Hughes & Kalman, 2006, Drug Alc Dep)
- Multiple studies have found that quitting does not harm – actually may help with substance abuse and mental health outcomes (Prochaska et al., 2004; Saxon, 2003; Signal Behavioral Health, 2008; Lemon et al. 2003; Gulliver et al 2006; Ziedonis et al, 2006; Baca & Yahne, 2009; (Prochaska et al., 2008; Evins et al., 2005)

Smoking Cessation in Schizophrenia

- Can lead to smoking reduction
- Quit rates comparable to general population and durable
- Quit rates enhanced with CBT
- Overall symptoms not worsened
 - Evins, 2004, 2005
 - Fatemi, 2005
 - George, 2002, 2008

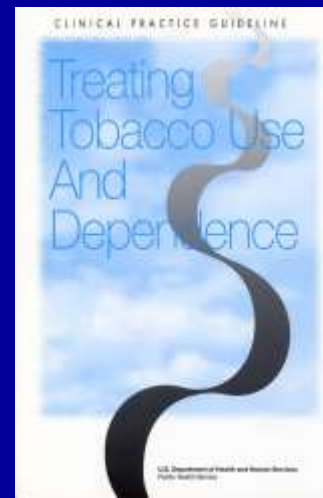
Mental Disorders and Quit Rates

- Quit rates among those with current M.H. diagnosis may be significantly lower than for those with no history of mental illness
- Quit rates among smokers with a history of alcohol and substance abuse and social phobias are significantly lower than for those without this history

How to Help People With Mental Illnesses Quit Using Tobacco

U.S. Clinical Practice Guidelines

- Intervene with **all** smokers, *regardless of readiness to quit*
- Deliver brief advice to quit each time see smoker
- Ask smoker if he/she is ready to quit
 - Smoker *not* ready to quit? *THIS WILL BE 80%*
 - Deliver brief motivational intervention
 - Ready to quit?
 - Quit smoking medications – solo or combo
 - 4 or more sessions counseling – may refer to quitline
- Develop a clinic “system” to make sure all of this happens



Counseling + Combo Pharm Best

% quit at 1 year:

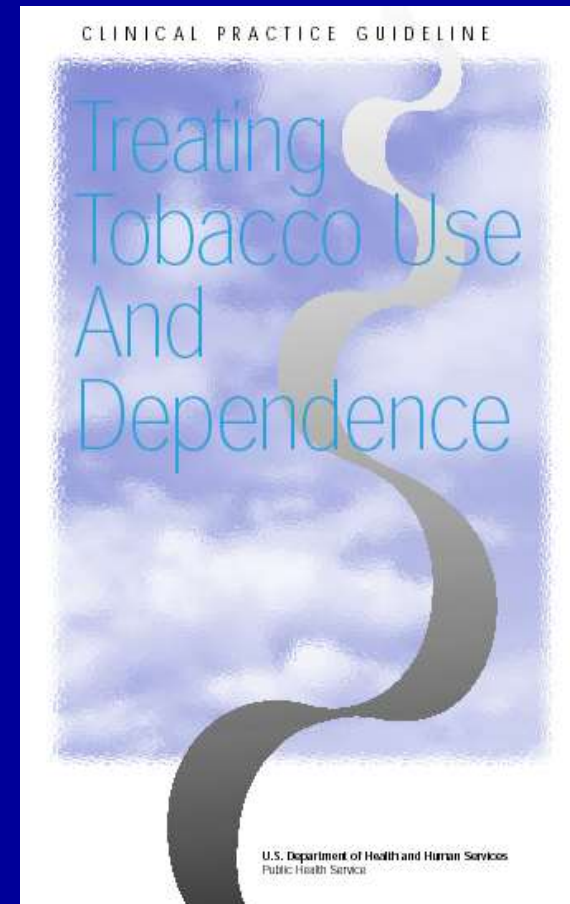
Telephone Quitline -----	13%
Group Counseling -----	14%
Individual Counseling -----	17%
2-3 Sessions + Medication -----	28%
Bupropion + Counseling -----	24%
Patch + Counseling -----	27%
Varenicline + Counseling -----	33%
Combo Pharm + Counseling -----	26%-37%

KS Medicaid covers patch, bupropion, varenicline

Medications

- Nicotine Replacement
 - ▣ Patch
 - ▣ Gum
 - ▣ Nasal spray
 - ▣ Inhaler
 - ▣ Lozenge
- Non-nicotine medications
 - ▣ Bupropion (Wellbutrin Zyban)
 - ▣ Varenicline (Chantix)
- 2nd-line medications with evidence
 - Nortryptiline
 - Clonidine
 - Cytisine*

*Not reviewed in Practice Guideline



Some Medications May Be Especially Helpful for Smokers with Specific Conditions

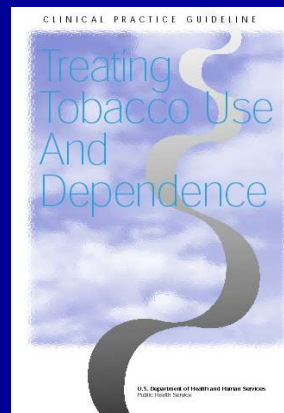
- Depression: Bupropion and Nortriptyline significantly better than placebo
- Schizophrenia: 3 studies found bupropion significantly better than placebo

Hall, 2007: Nicotine Interventions with Comorbid Populations

Psychiatric Smokers Have Higher Dependence

Smokers with heavier dependence require:

- Higher doses of cessation medications
- Combination medications
 - Nicotine patch + nicotine gum,
 - Nicotine patch or gum + bupropion
 - May need medication for longer



Smoking Complicates Dosing of Psychotropic Medications

- Smoking can alter medication metabolism, so higher doses are often needed when smoking
- When smokers quit, changes in the metabolism of meds could result in relatively greater dose levels over time, with greater potential for adverse effects

KANCARE Medication coverage

PRODUCT	TREATMENT DURATION	DAILY LIMIT
Chantix® (varenicline)	24 weeks	2 tablets
Zyban® (bupropion)	12 weeks	2 tablets
Nicotine Inhaler	24 weeks	16 cartridges
Nicotine Patches	12 weeks	1 patch
Nicotine Nasal Spray	12 weeks	80 sprays (4 mL)
Nicotine Lozenges	12 weeks	20 lozenges
Nicotine Gum	12 weeks	24 pieces

- 1 round of treatment per year
- Theoretically, patients could take Zyban, varenicline, AND/OR a nicotine replacement at the same time
- Can only get 1 Nicotine Replacement product at a time
- Limitation on Zyban only applies to Zyban and its A/B rated generics. Wellbutrin SR is the same drug, but there are no limits on it or its generics

Other coverage is ok to great

Private Health Insurance

- ACA marketplace plans=great
- New plans=great
- “grandfathered” plans – varies

Pharmacy Assistance Programs (PAP)

- Connection to Care Pfizer –Varenicline AND inhaler
- Together RX (discounts – all meds)

KS State Employees

- 1-888-275-1205 (Option 3)
- Free patch or gum with Quitline enrollment

VA covers

- NRT
- Bupropion
- Combination pharmacotherapy
- Varenicline

FDA first line medications

2X

Bupropion,
NRT double
quit rates

3X

Varenicline
nearly triples
quit rates

3X +

Combination
medication most
effective:

Bupropion + NRT;
Patch + short-acting
NRT

Choice should be
based on
contraindications
and preference
of smoker,
especially the
resources
available to them

**AND: There are new treatment
approaches all the time, e.g.
pretreatment with nicotine patch**

Behavioral Interventions

■ Motivate smokers to stop

- MI + personalized feedback – 32% of schizophrenics to seek cessation treatment (Steinberg et al., 2004)

■ Longitudinal, dynamic counseling:

- Know diagnosis, medications, history
- Monitor psychiatric symptoms, adjust medications
- Monitor cessation progress, troubleshoot barriers
 - Monitor withdrawal/craving, adjust medications

Other resources, behavioral support

- Fax-refer or warm handoff to Kansas Quitline (1-800-QUIT NOW)
 - Free phone counseling
 - Programs for youth and pregnant women
 - Free “live chat” internet text counseling
 - <https://www.quitnow.net/Kansas>
- Text to quit Send a text message with the word QUIT to 47848, answer a few questions, and you'll start receiving text messages from SmokefreeTXT.

Other resources, support

■ Free, Interactive Internet Support

- becomeanex.org
- quitnet.com
- <http://www.ctri.wisc.edu/smokers.htm>
- smokefree.gov
- women.smokefree.gov for women and pregnant smokers.
- teen.smokefree.gov for teen smokers and smokeless tobacco

■ Free, Interactive “Apps” for Smokers

- QuitSTART
- NCI QuitPa
- QuitGuide



Learning About Healthy Living

TOBACCO AND YOU

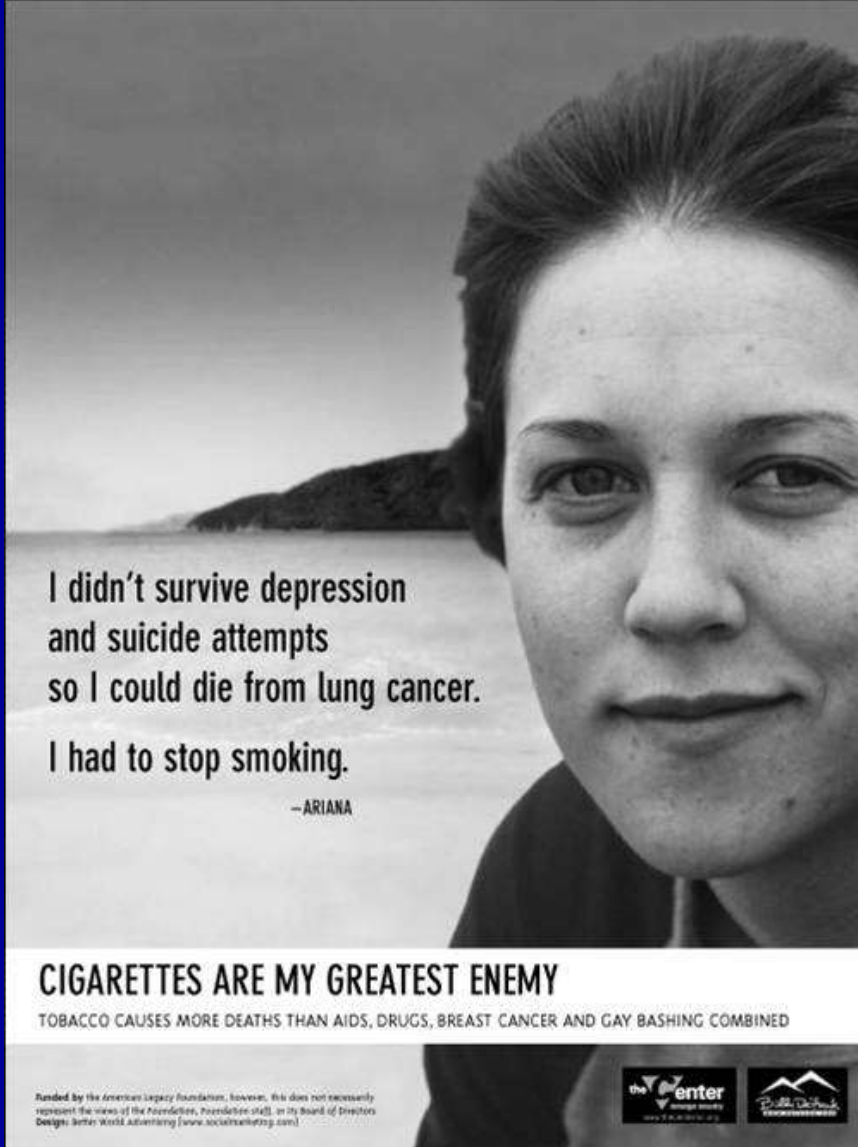
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Raquel Rahim, APRN
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AVAILABLE FREE

[http://rwjms.rutgers.edu/psychiatry/divisions/
addiction/documents/2012lahl.pdf](http://rwjms.rutgers.edu/psychiatry/divisions/addiction/documents/2012lahl.pdf)

A Wellness Philosophy

- To assist people to lead meaningful lives in their communities, we need to promote behaviors that lead to health



I didn't survive depression
and suicide attempts
so I could die from lung cancer.
I had to stop smoking.

—ARIANA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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Discussion

- How do you feel about quitting smoking/helping a friend/family member quit smoking?
- How does smoking affect family members?
- What can family members do to help people quit?
- What, if anything would help family members to better help loved ones quit/cut down?